PLEASE PRINT

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15) RECEIVED

NOV 0 5 2018

I. Name of Lobbyist(s	Alison C	vse/			NEW HAMPSHIRE DEPARTMENT OF STA
II. Name of lobbyist's		í	y;		
-	In Surance As	-			
	WASIL St.		NY		(Zip Code)
Business Address: (Stre	eet)	(Town/City)		(State)	(Zip Code)
() <u>518-469</u> (Telephone)	.1695 (1514-465-6 (Fax)	009 <u>3</u> c-	mail Gage	@ a.adc.s/4
III, This statement co reportable expense tra					y file a separate report for
All reportable trans	sactions occurring in t	he months prior to t	he reporting d	ate relative to th	e following elient:
OR All reportable trans-	(Full Name of Client a				g firm listed below which are
unrelated to any particu		(mendang die 1000	yisi s iaimiy)	, or the todaying	s in in risted below which are
IV. Date of Report Reports cover: activi	April 25, 2018 🛘 ity from date of registrat	ion to 3/31/18	•	25, 2018	
	October 31, 2018 5 activity from 7/1/18 to 9			iry 30, 2019 🗆 1 10/1/18 to 12/31/	/18
V. There have been If this box is checked, of Concord, NH 03301.					he last report. Ctate House, Room 204,
VI. Check if additions	=				
	n honorarium or reiml	=			port of Honorariums or
Expense Reimburseme		de political contribi	itions, you mi	ıst file Addendu	m C- Political Contributions
Sworn Statement/Affi	irmation by Lobbyis	t	wahwewar o	a liver that the	foregoing information is true
and complete to the be			Jeny swear or	annin that the	oregoing information is true
(Signature of lobbyist	pe		_15	>/3\// X (Dai	(a)
(Signature of lobbyist) Alexander (Signature of lobbyist) (Print Name of lobbyist)	ρο/ ki)			(Dal	···)

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Alisa Caper	
II. Name of lobbyist's partnership, firm or corporation, if any:	
America Insular Association (Name of partnership, firm or corporation)	
III. Name of Client Arrica Insurary Association	Date 13/31/19
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeneduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ 2, 678, 88
b) Total of all fees received this ealendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ <u>5,357.76</u> ear)
e) Total of all fees received to date (Add lines a and b)	c)\$ 8,036.64
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paid agenses; (b) the aggregate total of all expenses; (b) the aggregate total of all le: meals purchased during a business than \$10 that is given to the person of with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of a rethan \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b)\$
c) Total of all itemized expenditures reported in detail in section VI.	c)\$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	1)\$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	
Paid to:	Amount:
	s
	\$
	\$
	\$
	\$
	S
	······································
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	that the foregoing information
also Cop	10/31/18
(Signature of lobbyist)	(Date)
(Print Name of lobbyist)	
(Finit Name of foddyfst)	

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	s) Hlisan Coape	<u>'/</u>	
	's partnership, firm or c		- · · · · · · · · · · · · · · · · · · ·
American Ins	Surance ASSUCIAtion of partnership firm or comparison	<u> </u>	
III. Name of Client <u>f</u>	American Insuran	u Association	Date 10/31/18
Political Contributi For each political con	ons	e pursuant to RSA Chap	ter 664 paid on behalf of the
Full name of candida	ite: Estan	Daniel (First Name)	(Middle Name/Initial)
Amount of contribution			
Amount of contribution	113 <u>870</u>	Office Candidate is	Sceking NH HOUSE
	Μ	0	
Full name of candida	te: Abel	Lihard (First Name)	(Middle Name/Initial)
Full name of candida Amount of contribution	(Last Name)	(First Name)	(Middle Name/Initial) Seeking NH HシンSe
Amount of contribution If the contribution is an actual cost of the in-kin	(Last Name) 1 \$ 250 in-kind contribution, provid	(First Name) Office Candidate is e a description of the goods	
Amount of contribution If the contribution is an actual cost of the in-kin	(Last Name) 1 \$ 250 in-kind contribution, provided contribution on the line above	(First Name) Office Candidate is e a description of the goods	Seeking NM Hause
Amount of contribution If the contribution is an actual cost of the in-kin	(Last Name) 1 \$ 250 in-kind contribution, provided contribution on the line above and the word "estimate."	(First Name) Office Candidate is e a description of the goods	Seeking NM Hause

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
enter an estimated value and the word estimate.
(If more than three contributions were made, report additional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
(Signature of lobbylst) Alisa Caper
Print Name of lobbyist)

I. Name of Lobbyist(s) <u></u>	Missa Cosper		
II. Name of lobbyist's pa	rtnership, firm or cor	poration, if any:	
American Insuran (Name of pa	Le ASSICIATION		
, .			
III. Name of Client Hym.	illia lassianu	Association	Date 18/31/18
Political Contributions		DCA Char	4 CCA anid on babalf of the
For each political contribution client/lobby and lobby	ution that is reportable ing firm, indicate the fo	pursuant to RSA Chap bllowing:	oter 664 paid on behalf of the
Full name of candidate:	Guida	(First Name)	(Middle Name/Initial)
			•
Amount of contribution S	45U	Office Candidate i	s Seeking NH Senate
	<u></u>	William	
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution S _	950	Office Candidate i	s Seeking NH Senate
If the contribution is an in-	kind contribution, provide ontribution on the line abo	e a description of the goo	eds or services provided, and enter the pution. If the actual cost is not known
		<i></i>	
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
	6M	000 0	is Seeking NH Senate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the
actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
(If more than three contributions were made, report additional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
(Signature of lobbyist) (Date)
(Signature of lobbyist) (Date)
Alisa Cooper
(Print Name of lobbyist)
(Print Name of lobbyist)

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1. Name of lobbyist's pa	artnership, firm or corp	poration, if any:	
American Insua	nce Assiciation		
•	•		
II. Name of Client <u>Hm</u>	Willia laguary	Association	Date 15/31/18
Political Contributions			
for each political contrib	oution that is reportable pring firm, indicate the fol	oursuant to RSA Chapt Howing:	ter 664 paid on behalf of the
- Inchestodo y las and loody	ing thin, indicate the let		
Full name of candidate:	(Last Name)	Sharon	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution S	<i>95</i> 0	Office Candidate is	Seeking NH Senate
ctual cost of the in-kind co	ontribution on the line abov	a description of the good we for amount of contribu	ls or services provided, and enter the actual cost is not know
ictual cost of the in-kind control of the in-	ontribution on the line aboved the word "estimate."	ve for amount of contribu	ls or services provided, and enter the actual cost is not known
ictual cost of the in-kind control of the in-	ontribution on the line aboved the word "estimate."	Harst L (First Name)	(Middle Name/Initial)
If the contribution is an in- actual cost of the in-kind co- enter an estimated value an Full name of candidate:	Exerch (Last Name)	Harst L (First Name)	(Middle Name/Initial) Seeking NH Senate
Full name of candidate: Amount of contribution is an in-	Cast Name) kind contribution, provide ontribution on the line above.	Wast L (First Name) Office Candidate is a description of the good	(Middle Name/Initial)
ctual cost of the in-kind conter an estimated value and stimated contribution of contribution of the contribution is an inactual cost of the in-kind c	Cast Name) kind contribution, provide ontribution on the line above.	Wast L (First Name) Office Candidate is a description of the good	(Middle Name/Initial) Seeking NH Senate ds or services provided, and enter the

(If more than three contributions were made, report additional contributions)	tions on senarate addendum C forms
Sworn Statement/Affirmation by Lobbyist	on separate addendam C forms.
I have read RSA 15, RSA 15-B and RSA 664 and hereby s is true and complete to the best of my knowledge and belief	swear or affirm that the foregoing informatef.
alison Carpe	10/31/18
(Signature of lobbyist)	(Date)

I. Name of Lobbyist(s) <u></u>	Hissa Cosper		
II. Name of lobbyist's pa	•		
America Insura	Le ASSUCIATION utnership, firm or corporation)		
III. Name of Client <u>Hm</u>	Willia lasurary	Association	Date 16/31/18
Political Contributions For each political contrib client/lobbyist and lobby	ution that is reportable ping firm, indicate the fol	oursuant to RSA Chapt llowing:	er 664 paid on behalf of the
Full name of candidate:	San byn (Last Name)	Lau/I &	(Middle Name/Initial)
Amount of contribution \$ _			Sceking NH House
If the contribution is an in-lactual cost of the in-kind coenter an estimated value an	ontribution on the line above	a description of the good we for amount of contribu	s or services provided, and enter the tion. If the actual cost is not known.
Full name of candidate:	Shurtleff	Stephen	(Middte Name/Initial)
Amount of contribution S		Office Candidate is	Sceking NH HOUSE
If the contribution is an in-	kind contribution, provide ontribution on the line abo	a description of the good	Is or services provided, and enter the ution. If the actual cost is not known,
Full name of candidate:	Soucy	Donna	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution S	500	Office Candidate is	Seeking NH Genate

(If more than three contributions were made	le, report additional contributions on separ	ale addendum C forms.)
Sworn Statement/Affirmation by	Lobbyîst	
I have read RSA 15, RSA 15-B and is true and complete to the best of	d RSA 664 and hereby swear or aft my knowledge and belief.	firm that the foregoing inform
(Signature of lobbyist)		10/31/18
A.		(Date)

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1. Name of Lobbyist(s)	Alissa Cosper		
II. Name of lobbyist's p	artnership, firm or corpo	oration, if any:	
American Insur	nce Assiciation partnership, firm or corporation)		
III. Name of Client	william las - any	Association	Date 10/31/18
			er 664 paid on behalf of the
Full name of candidate:	Hunt (Last Name)	John (Firsi Name)	(Middle Name/Initial)
Amount of contribution S	400	Office Candidate is	Seeking NH House
actual cost of the in-kind of enter an estimated value a		for amount of contribu	tion. If the actual cost is not known.
Full name of candidate:	D'Allesando (Last Name)	Lou (First Name)	(Middle Name/Initial)
Amount of contribution S		•	Sceking NH Sonatt
If the contribution is an in actual cost of the in-kind enter an estimated value a	contribution on the line above	description of the good for amount of contribu	s or services provided, and enter the ation. If the actual cost is not known.
Full name of candidate	lanis	Daniel	
	(Last Name)	(First Name)	(Middle Name/Initial) Seeking NH Senath

(If more than three contributions were made.	report additional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by I	
I have read RSA 15, RSA 15-B and I is true and complete to the best of my	RSA 664 and hereby swear or affirm that the foregoing informate the knowledge and belief.
alina Corre	18/2///
(Signature of lobbyist)	(Date)

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P	1. Name of Lobbyist(s) Alisan Casper		
L E	II. Name of lobbyist's partnership, firm or corporation, if any:		
A S E	American Insura Assistation (Name of partnership, firm or corporation)		
•	III. Name of Client Howard Insumy Association Date 12/31/18		
R I N T	Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:		
	Full name of candidate: Bradley Usech (Jeb) (East Name) (First Name) (Middle Name/Initial)		
	Amount of contribution \$ 500 Office Candidate is Seeking NH Seath		
	If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."		
	Full name of candidate: MS/S(Charles (Kirst Name) (Middle Name/Initial)		
	Amount of contribution S Office Candidate is Seeking NH Senate If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."		
	Full name of candidate: Sugaru Chris		
	(Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ Office Candidate is Seeking		

(If more than three contributions were made, re	port additional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lo	
I have read RSA 15, RSA 15-B and RS is true and complete to the best of my k	A 664 and hereby swear or affirm that the foregoing informowledge and belief.
Clina Cape	
(Signature of lobbyist) Alisa Cape	(Date)

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